

**APPLICATION FOR INITIAL AND RENEWAL
VIATICAL SETTLEMENT PROVIDER LICENSE**



State of Wisconsin
Office of the Commissioner of Insurance
P. O. Box 7873
Madison, WI 53707-7873
Telephone (608) 266-3586

Ref: Section 632.68 (2), Wis. Stat.

INSTRUCTIONS: This application together with the \$750.00 nonrefundable fee is required for original licensure. This application together with \$250.00 nonrefundable fee is required for subsequent annual renewals. Incomplete information may result in denial of application.

License Number (For office use only)	Expiration Date (For office use only)	CR # (For office use only)
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SECTION I

PLEASE COMPLETE THE BLANKS AND CHECK THE APPROPRIATE BOXES BELOW

1. Check one: <input type="checkbox"/> Original Application (\$750.00 enclosed) <input type="checkbox"/> Annual Renewal (\$250.00 enclosed)	
2. Name/Mailing Address of the Principal Office of the Viatical Settlement Provider (applicant): Name _____ Mailing Address _____ City _____ State _____ Zip _____	Name/Physical Address of the Principal Office of the Viatical Settlement Provider (applicant): Name _____ Physical Address _____ City _____ State _____ Zip _____
3. Applicant's Organizational Type (check one): <input type="checkbox"/> Individual <div style="border: 1px solid black; padding: 2px; display: inline-block; margin: 5px;">FEIN #</div> <input type="checkbox"/> Corporation (Date of Incorporation: ____/____/____ State of Incorporation: ____) (attach a copy of the Certificate of Incorporation) <input type="checkbox"/> Partnership (identify all partners in Section II, attach partnership agreement) <input type="checkbox"/> Other (attach a description of legal status)	
4. Applicant's Contact Person: (name) _____ (phone) (____) ____ - ____	
5. Identify the escrow agent or trustee to which the viatical settlement proceeds will be deposited prior to release to viator: Name of Financial Institution: _____ Mailing Address: _____ City/State/Zip: _____ Financial Institution's Contact Person _____ Phone (____) ____ - ____	
6. Has the applicant completed the attached form designating a Wisconsin registered agent for service of process: <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Attach a proposed business plan for operations in Wisconsin including the following: I. Projected volume of Wisconsin viatical settlement payments for the next 12 months. II. Projected volume of nationwide viatical settlement payments for the next 12 months. III. Previous 12 months' volume of nationwide viatical settlement payments. IV. Explain how the applicant advertises and markets itself and how agents or brokers will be recruited, compensated, and trained. V. Explain the arrangement the applicant has with a bank and trustee or escrow agent to receive funds, notify recipient, and disperse funds. Attach trust or escrow agreements. VI. Explain the source of funding to be used to finance initial viatical settlement payments. a. If offers to purchase or invest in viaticated life policies will be made in Wisconsin, indicate if registered as a security under ch. 551, Wis. Stat., or basis for exemption from such filing. b. If offers to purchase or invest in viaticated life policies will be made to investors, indicate the percentage of funds that will be used to purchase viaticated policies, and percentage to be used for administration, commissions, and other fees. c. Explain how the applicant will advertise or solicit to raise funds and how agents involved in raising funds will be recruited, compensated, trained, and licensed. VII. Current CPA Audited financial statements of the applicant. VIII. Sample copies of the viatical settlement contracts, informational brochures, and solicitation materials applicant plans to use in Wisconsin to solicit policies for viatification and for soliciting funds for purchase or investment in such policies. IX. Explain the relevant training, experience, or education of all individuals who will be conducting the applicant's affairs.	

SECTION II
BIOGRAPHICAL INFORMATION

INSTRUCTIONS: Answer each question below for each individual who will be conducting the affairs of the viatical settlement provider, and all officers, directors, partners, and persons holding directly or beneficially 10% or more of the securities of the viatical settlement provider. (Attach additional sheets, if necessary.) Answer Y for "yes" and N for "no" to the questions identified below. If you answer "yes" to any of the questions, attach a detailed explanation on a separate sheet.

Name & Title or Position	Home Address	SS#	Answers			
			a.	b.	c.	d.

- a. Has this person been fined, reprimanded, or been the subject of a consent decree or administrative action by any state or federal agency or self-regulatory body involving the business of insurance, real estate, securities, commodities, loan brokering, or financial institutions?
 - b. Has this person been subject to a civil court judgment involving the business of insurance, real estate, securities, commodities, loan brokering, or financial institutions? This includes consent decrees, injunctions, temporary restraining orders, and private lawsuits.
 - c. Has this person been convicted of a misdemeanor involving the business of insurance, real estate, securities, commodities, loan brokering, or financial institutions, or any felony?
 - d. Are there any actions now pending which could result in a Yes answer to a, b, or c?

**SECTION III
CERTIFICATION**

I have read and knowingly made the foregoing statements and representations and certify that each statement and representation is true to the best of my knowledge. I understand that any misrepresentation, false statement, or fraud in connection with this application may be cause for revocation or suspension of a license issued or may be cause for denial of application in addition to any other actions or penalties or both.

I intend to act in good faith as a viatical settlement provider and to comply with all applicable Wisconsin laws and with all applicable rules and orders of the Wisconsin Commissioner of Insurance. I agree to be subject to the jurisdiction of the Commissioner of Insurance and the Wisconsin courts on any matter related to my viatical settlement provider activities in Wisconsin and to accept service of process under ss. 601.72 and 601.73, Wis. Stat.

Signature of Applicant	Title
Name (Please Print)	Date